Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: County of Summit Alcohol, Drug Addiction & Mental Health Services

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

1. **Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges, and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].**

    a. **If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?**

In SFY19, we hired an AmeriCorps VISTA worker as a ROSC Coordinator to help facilitate administration of the local ROSC assessment. The survey was supplemented locally with in-person interviews to ensure true representation of the diversity in the community and to capture any marginalized voices. A subsequent evaluation of the data for strengths, weaknesses, opportunities, and threats resulted in an underlying theme of ensuring equal access and equitable care for all citizens. The goal for the SFY20 VISTA worker was to develop an implementation plan with short and long-term implications for our system of care. After research, review and consultation, the decision was made to focus within the Board itself. The scope would include board governance, leadership and staff. This would ensure practices and policies were in place at the ADM Board that foster cultural competency through the lens of ROSC. This would enable us to better disseminate Cultural and Linguistically Appropriate Services (CLAS) Standards as a framework throughout the system. Below is a list of initiatives that were carried out or started with a goal of embedded sustainability.

Initiatives:

- Reviewed, identified, and evaluated cultural competency training to be incorporated into annual staff training requirements.
- Helped to establish training and mini-grant opportunities for faith-based initiatives.
- Reviewed website and made recommendations to meet ADA compliance.
- Developed marketing materials to increase awareness of ROSC initiatives.
- Incorporated ROSC into Board standard communications and documents, such as budget applications, contracts, request for proposals, and annual reports.

- Reviewed and compared agency responses to cultural competency over the past two budget cycles and made recommendations for increased accountability and feedback.
- Drafted plan for the creation of an internal Diversity and Inclusion committee to help plan staff engagement and training opportunities, vet Board communications and intentional diverse community engagement.
- Initiated contact with the Ohio Department of Insurance to bring Parity Law training to Summit County; to increase advocacy and health literacy for citizens in need of mental health and substance use disorders.

We have successfully recruited a VISTA for SFY21, whose work will continue as the ROSC Coordinator, with a focus on carrying out the recommendations of their predecessor and working with the Community Relations Department to ensure ROSC language is embedded in Board communications to integrate the values and principles throughout the system.

2. **Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.**

   Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.

   Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

3. **Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.**

COVID-19

The sudden onset of the Coronavirus Pandemic and the Governor's Shelter in Place order prompted the ADM Board to take action to ensure the availability of and continuity of care for those in need of behavioral health services. The health and safety of staff and clients became a priority while at the same time ensuring that those who were in treatment did not see an interruption in care. We collaborated with state and local authorities to pass along information, technical assistance and guidance to our network of providers. The financial and operational viability of our network of providers was also an area being monitored. Recognizing the potential financial impact to providers who were trying to adjust to alternative service delivery models, we advanced cash to agencies using a formula that would grant fund provider contracts for the final four months of the fiscal year. The viability of our service providers is a key concern in ensuring access to treatment and recovery supports for our residents.

The Board also accepted proposals for, and funded hazard pay to essential workers who continued to serve our most vulnerable clients in high-risk services, such as med-somatic, residential and crisis programs where social distancing might not be an option. Agencies also took advantage of other federal, state, and local resources to help offset the impact of limited client volume and staffing challenges. After consultation with local public health authorities and in consideration of factors leading to the adoption of safer service practices, we discontinued offering hazard pay at the end of this fiscal year.

The overall fiscal impact of this pandemic has not been realized on the state level or locally at this time. As evidenced by the information released with the state budget numbers, funding from state sources will likely be evolving over the next fiscal year. Locally, we are trying to assess how property tax collections will be impacted over the long-term. In spite of the passage of a renewal levy in 2019, all the factors mentioned above could require adjustments in spending to ensure maintenance of a full continuum of care. These factors may temporarily compromise our ability to expand services and plan for the long-term. We are hopeful that gains we have made in developing both essential and successful prevention, treatment and recovery services will not be adversely impacted by funding changes.

Behavioral Health Redesign & Managed Care

We continue to monitor agency performance since the implementation of Behavioral Health Redesign. Largely, most have adjusted well and have been navigating the contracts and new payment schemas with managed care organizations successfully. We continue to advocate on behalf of our providers as we become aware of issues that impact their cash flow or service delivery. We have aligned our local billing practices to lessen administrative burden and create consistency between board funded and Medicaid-funded treatment services.

The future of Medicaid managed care is continuously being monitored as change is imminent. While Medicaid Managed Care procurement is still in process, what changes will entail is not yet clear. Given the role that boards have in developing accountable and locally driven services, we hope opportunities to collaborate with MCO's will leverage all investments to maximize client outcomes locally.

The Affordable Care Act (ACA)

ACA is something we continue to monitor as challenges to its infrastructure continue to arise across the country and at the federal level. Our community has benefited greatly from Medicaid Expansion. This has expanded access to behavioral health treatment services through increased enrollment. As a Board, we have been able to reinvest some of the treatment cost savings into capital, preventive, and supportive services. We have advocated for continuation of Medicaid expansion as critical to access to care, especially during both an opiate crisis and with the potential impact of the pandemic. If there are significant changes regarding ACA availability, we will have to re-evaluate our investments and potentially re-direct funding to ensure continuity of care in treatment services. Growing evidence of public support for Medicaid expansion in other states is promising news.

Institutions of Mental Disease (IMD) Rule

The Substance Use Disorder (SUD) 1115 waiver has provided a valuable opportunity locally for SUD residential providers amid an opiate epidemic. Residential providers have been able to provide expanded access to these services through Medicaid funds. This has freed local funding to accommodate for crisis and other investments mentioned above. It is recognized that the waiver is not permanent, and we have been working with impacted

providers to adjust their services to remain within the IMD Rule when it expires, all with the goal to maintain a high standard of care and service availability.

Data Access

Data access continues to be a barrier to our ability to conduct a full evaluation of behavioral health services in Summit County. While the Board can track, monitor, and evaluate patterns and trends in the services funded through the boards, there is still a gap in our ability to trace a client's care. While we have limited access to Medicaid behavioral health billing data, it is not complete, accurate and does not provide a full picture of the care received by individuals in our community. Medicaid data available to Boards only represents one aspect of care, behavioral health services. Hospitals and non-affiliated providers are another major source of behavioral health care in the community. Unfortunately, clients cannot be tracked throughout this system. It is critical to know when clients are in crisis and accessing other behavioral healthcare services for coordination of care. We want to be able to look at high utilizers and to ensure community-based services are preventing emergency room visits and hospitalizations as much as possible. There is justification for looking at a person's physical health care as part of their behavioral health care. Due to COVID-19, state level efforts with the Ohio Department of Medicaid and local collaborations with Summit County Public Health to seek an alternative approach to data sharing across systems have been interrupted. We are optimistic that these discussions will resume and garner some results soon.

Opiate Epidemic

The opiate epidemic continues to evolve and challenge our community. Overdoses are monitored daily through data from the medical examiner's office and local ER visits. We can monitor real time anomalies and patterns and trends in locations, demographics, substances and other data points that allow us to be more responsive in the community.

In 2019, Summit County saw a 48% increase in overdose deaths due to synthetic opiates compared to 2018. This increase is due largely to a resurgence of Carfentanil. Additionally, there has been an increase in methamphetamine related fatal overdoses due to the combination of synthetic opiates with methamphetamine. The difference in substances changes the approach to education, prevention, treatment, and recovery for opiate users all of which we are adapting to as well.

Since the last report, the bellwether opiate lawsuit filed against pharmaceutical companies involving Summit and Cuyahoga Counties has concluded. With cash and medication settlements on hand, the Board is working with the County and other stakeholders to disseminate these resources into the community. In addition to ensuring sustainability of these investments over the long-term, the targeted areas include treatment, harm reduction, education and evidence-based prevention and system coordination and infrastructure. The second bellwether trial is slated for October 2020, which will be the first federal trial against pharmacies alleging the over dispensing of opiates during a time when people were dying from its use.

Racism and the Impact on Mental Health

We would be remiss to not acknowledge the current state of race relations in our country, state, and local community. With the horrific events that have taken place, it continues to be evident that overarching reform and change is still needed. We remain committed to doing everything in our power to ensure quality behavioral health services are accessible, effective and equitable for all citizens. Our Board of Directors has come alongside our City and County governments, resolving that racism is a public health crisis and recognizing that every sector has a role in combatting this issue. The impact of racism and racial trauma on

mental health is real and has long-lasting effects that must be acknowledged and addressed. Providing a recovery-oriented system of care where cultural and linguistic competence is embedded in all services, practices, policies, and behaviors is the foundation of our work. This has been and will continue to be the focus of our local ROSC initiative described previously.

4. **Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].**

There were no disputes filed with FCFC in the past year.

5. **Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.**

An ADM Board representative meets, at least monthly, with a representative from the State Regional Hospital (Northcoast Behavioral Healthcare) to discuss all civil admissions and to work on discharge planning. If issues arise between monthly meetings, the social workers at the hospital will directly contact the board representative to problem solve any barriers to discharge. The board representative will work directly with the assigned agency to ensure discharge planning is moving forward in a cohesive manner and will address any barriers the agency may face.

The board representative also has regular contact with treatment agencies and other community partners through regularly scheduled meetings to discuss mental health and addiction services in the community, including housing services. Any lapse in services are discussed and solutions are implemented to avoid any barriers to these services.

Finally, the board representative attends the weekly crisis meeting and weekly residential meetings to discuss and work to resolve any challenges in the system to help meet a client's needs and avoid otherwise unnecessary hospital admissions.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Crisis Services	To have longitudinal utilization data and monitor patterns for system adjustments and interventions.	Evaluation of crisis services utilization data Evaluate crisis system for strengths, weaknesses, opportunities and threats base on data.	**Measurement indicator:** The number of individuals discharged from CSU that follow up with outpatient services. **Baseline data:** One-year look-back of those discharged who have followed through with OP services. **Target:** To collect baseline data and monitor improvement in follow-up over time. **Measurement indicator:** The number of people calling the support hotline. **Baseline data:** The 10-year average of the number of people calling the support hotline. **Target:** There will be more than 6,000 calls to the support hotline. **Measurement indicator:** The number of CSU bed days. **Baseline data:** The 2-year average of the number of CSU bed days. **Target:** To use less than 3,434 bed days in 2020. Updated Crisis Plan
Expanded Access to Integrated SUD and MH Services	To have evidence-based dual diagnosis services from youth to older adult.	Ensure agencies that serve dually diagnosed clients have training in evidence-based practices. Continue to support agencies in the development and implementation of a full continuum of services.	**Measurement indicator:** System staff trained in evidence-based practices. **Baseline data:** ADM Board sponsored 6 evidence based & best practices training in the previous fiscal year with 112 participants

		Support agencies in developing staff who have the credentials and experience in working with dually diagnosed clients.	**Target:** At least 6 trainings and 120 participants in ADM sponsored trainings in FY21.
Maintain a full continuum of care for SUD & MH services.	To ensure that there is a full continuum of care for mental health and substance use disorder services across the lifespan.	Continue to monitor and evaluate the availability and accessibility of services as agencies safely adjust and adapt to new service provision model in an COVID-19 environment as business under behavioral health re-design continues evolve.	**Measurement indicator:** How many services providers are contracted with ADM. **Baseline data:** ADM currently contracts with 22 community providers for services. **Target:** Maintenance of current continuum of care and provider.
Cultural and Linguistic Competency	To ensure equitable access to effective behavioral health services to all Summit County residents.	Continue to implement ROSC initiatives and recommendations.	**Measurement indicator:** System training supporting cultural and linguistic competency. **Baseline data:** Parity training has never been hosted within our Board system. **Target:** Host parity training within first quarter of FY21.

Collaboration

6. **Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)**

All the listed collaborations below are on-going efforts that work across systems to ensure Summit County residents have access to effective, efficient, and highly skilled providers and services, acknowledging alternative settings and approaches to behavioral health services. These collaborations also encourage collaboration to understanding problems across systems and inform ADM planning and priorities.

I. Youth Collaborations

The ADM Board works with various partners who touch families and youth with the goal to address risk and protective factors that will keep families intact, reduce involvement in the juvenile justice system and reduce the impact of problems from SUD & mental illnesses. The following are major partnerships in which the ADM Board makes a contribution:

- **Summit County Family and Children First Council (FCFC)-** The ADM Board partners with FCFC and other community stakeholders to promote a system of care for families with children/youth ages birth through 21 years. Collectively, we work to develop, fund, implement, and evaluate coordinated responses to child and family issues for youth who are involved with multiple systems (e.g. Children Services, Developmental Disabilities Board, Juvenile Court, Akron Public Schools, Akron Children's Hospital).

- **Behavioral Health Juvenile Justice-** Summit County Juvenile Court partnered with the ADM Board, The Village Network, and Child Guidance and Family Solutions to divert youth from local and state detention centers into more comprehensive, community based mental and behavioral health treatment. OMHAS has continued to fund this initiative since the grant was initially received in 2010.

- **Juvenile Detention Alternatives Initiative (JDAI)-** Summit County Juvenile Court partnered with the ADM Board, the County Executive, Summit County Children Services, Shelter Care, Ohio Department of Youth Services, Victim's Assistance, Prosecutors Office, Barberton Police, Public Representatives, and Akron Public Schools as active proponents of the JDAI championed by the Annie E. Casey Foundation. The core element of JDAI reform is to seek community alternatives aimed at reducing the unnecessary detention of youth.

- **Youth Risk Behavior Survey (YRBS)-** The ADM Board partnered with Summit County Public Health and together contracted with Case Western Reserve University to conduct YRB surveys for Summit County Public High School and Middle school students in 2013-2014 and 2018-2019 school years. Data from this survey was analyzed to determine where to focus ADM funding and programming for Summit County students and to gauge the impact of our interventions.

- **Regional Whole Child Matters Grant-** The Summit County ADM Board partnered with Cuyahoga and Lorain County ADAMHS Boards, Ohio Guidestone and Applewood Centers to expand the Early Childhood

Mental Health (ECMH) workforce by increasing the number of credentialed staff providing the New Ohio/Georgetown Model of ECMH Consultation. Expanding the workforce has allowed more families and youth to be served. This initiative started in 2015 and has continued to be funded by OMHAS since.

- **Child Fatality Review Board-** Per Ohio Revised Code, the ADM Board participates with other mandated community stakeholders in the child fatality review board governed by Summit County Public Health. The purpose is to reduce the incidence of preventable child deaths, by regularly reviewing, analyzing, and making recommendations on all youth deaths in the county.

- **First Things First**- The ADM Board is a partner agency in the First Things First Initiative, providing supports to youngsters from cradle to career. This initiative is led by Summit Education Initiative and the County Executive's Office. It is tied into the Family & Children First Council.

- **Service Review Collaborative**- The ADM Board is a funding partner in a shared pool of funding designed to provide upstream interventions to address needs of multi-system involved with Children Services, DD, Juvenile Court or ADM system keep families supported and to reduce the need for out of home placement.

- **Child & Family Leadership Exchange**- This is a multi-disciplinary agency program that provides a range of experiences with agencies and systems involved with supporting and servicing youth and families. The ADM is an advisory member, and many of our staff have graduated from the nine-month program designed to build relationships and educate on resources.

- **Summit Forum-** Consists of all agency directors of organizations who provide services to youth. The intent is to share information, discuss difficult cases, and develop informal relationships to improve cross-agency consultation and discussion about potentially difficult cases in any organization.

- **Cluster Cross Training-** The ADM Board has an educational and advisory role as a funder of this initiative that provides direct service providers serving youth from various social services to develop informal relationships that will lead to better cross system collaboration and consultation.

II. Collaborations for Suicide Prevention & Special Populations

The following are initiatives and collaborations that the ADM Board either coordinates or participates in to address the risk of suicides in our community:

- **Summit County Maternal Depression Network (SCMDN)-** The ADM Board partners with Summit County Public Health to initiate the SCMDN. We collaborate with over 30 community stakeholders to increase awareness about maternal stress and depression, increase the capacity of the maternal health support system and increase the number of mothers receiving screening, prevention, and treatment by a workforce with specialized knowledge about maternal health.

- **Summit County Suicide Prevention Coalition (SCSPC)-** The SCSPC was established in December of 2005 in an effort to coordinate local resources, increase awareness of suicide as a public health problem, and educate our community to better recognize when someone they know may be suicidal. The Coalition is made up of committed volunteers from all walks of life including professionals in the areas of health care, mental health, addictions, social services, clergy, education, as well as community

members, some of whom have survived the loss of a loved one to suicide, who want to help prevent the tragedy of suicide.

Most recently, Akron Children's Hospital (ACH) with support from the ADM Board, received a 4-year youth suicide prevention grant from the Ohio Department of Health. ACH and ADM Board representatives co-chair the youth sub-committee of SCSPC, which is dedicated to the prevention of youth suicide in Summit County. The Youth Suicide Prevention Subcommittee is comprised of county organizations who are committed to preventing youth suicide. Partners include mental health, developmental disabilities, health care organizations, schools, housing, libraries, ADM Board, first responders, FCFC, YMCA, community members, juvenile court, child protective services, and other community agencies. A strategic plan has been created and is beginning implementation.

- **Change Direction Summit County-** Change Direction is an international initiative to bring awareness and reduce stigma around mental illness. In Summit County, the faith community has been a thriving part of this initiative since 2016, hosting monthly meetings, sharing resources and hosting annual trainings. The collaboration has been a unique partnership between the behavioral health community and a cross section of faith and spiritual leaders. Future plans include supporting a local Grief Recovery Model and Mental Health First Aid training initiative to further align approaches to healing our community and connecting people to the appropriate resources.

- **Summit County Trauma Informed Care Coalition (SCTICC)-** The ADM Board has partnered with Summa Health Department of Traumatic Stress to lead the SCTIC Coalition since 2017. Our mission is to increase understanding within the community about trauma and its effects, to improve quality of care and access to evidence-based services for individuals and families affected by trauma, and to facilitate collaboration across systems. To accomplish our goal, we provide annual professional development opportunities and have a speaker's bureau that delivers free trainings to our community.

- **Summit County Collaborative Against Human Trafficking (SCCAHT)-** The ADM Board is one of over 30 community stakeholders who participate on this collaborative. The mission is to increase our community's knowledge of human trafficking through educational efforts to ensure individuals are prepared to recognize and properly assist victims of human trafficking. Several initiatives have come from this partnership including the creation of Restore Court and a hotline through the Sheriff's Office.

- **Refugee Task Force**- A collaborative of agencies working with refugee communities to address health, economic self-sufficiency and behavioral health needs of refugee communities. The ADM Board participates on the Mental Health Subcommittee, formed when a raft of suicides was seen within the refugee populations.

- **Northeast Ohio Healing Arts Alliance (NEOHAA)-** The ADM Board is on the steering committee for NEOHAA, an alliance of area organizations and individuals who have an interest in promoting awareness of and integrating expressive therapies into mental health treatment. NEOHAA seeks to increase access to expressive therapies to enhance the continuum of care.

- **Summit County Hoarding Task Force**- The ADM Board has worked cooperatively with Summit County Public Health for several years as coordinators of the County's Hoarding Task Force. We are working collaboratively to better identify individuals with hoarding disorders that result from or result in mental health issues. Based on consistent national estimates of the prevalence of hoarding behaviors within communities, we estimate Summit County has approximately 23,000 residents with diagnosable and treatable hoarding disorders.

- **Substance Use Recovery and Workplace Safety Program** -The ADM Board has signed a memorandum of understanding with the Ohio Bureau of Workers' Compensation (BWC) to bring this program to Summit County. The program will engage local employers and provide them with reimbursement for pre-employment, random confirmatory, reasonable suspicion, post-accident, and return-to-duty drug testing; training for managers/supervisors to better manage and retain workers in recovery; and a forum for employers, workers, and boards to share their success stories and learn from each other. Aside from administering this program with funds from the BWC, this initiative will also provide the Board with opportunities to further engage the business sector and support the recruitment and retention of people in recovery in the workforce by providing additional supplemental supports.

III. Opiate Related Collaborations

The ADM Board maintains an inventory of existing services in the community and works with organizations and individuals who have a stake in addressing this complex issue. The following are initiatives that address the Opiate and related problems in our community:

- **Opiate & Addictions Task Force (OATF)**- The ADM Board coordinates the activities of the OATF by educating the community on the problem, including recognition, legislation, support. The task force has committees to address this issue in healthcare, criminal justice, advocacy, family and youth, education, and harm reduction.

- **Addiction Leadership Council-** The ADM Board also participates in the United Way's Addiction Leadership Council, which was also involved in informing priorities for funding services related to the opiate settlement.

- **Addiction Helpline**- The ADM funds The Addiction Helpline that links callers to available treatment based on income, geographic location and problem. The ADM Board receives data on referral efficacy, time to treatment, reported problem (i.e. alcohol, opiate, methamphetamine, etc). We recruit certified treatment agencies to participate, coordinating information and working to remove barriers.

- **First Step Addiction Collaborative-** The ADM Board participates with the First Step Addiction Collaborative, which starts medication assisted treatment in the Emergency Department of Summa Health systems. Our role is helping to coordinate ongoing care and addressing barriers to access.

- **Opiate Abatement Advisory Council (OAAC)-** The OAAC was created by the County Executive's office to distribute proceeds of the bellwether opiate lawsuit settlement against several pharmaceutical companies. The OAAC is an invited group of stakeholders, in the fields of healthcare, addiction treatment, mental health, child welfare, public safety, and other fields identified as necessary by local leadership. The OAAC is responsible for determining how to systemically address the damage that has been done to the communities of Summit County due to the opiate epidemic.

- This Council will ultimately make recommendations to the County Executive regarding overarching strategy, infrastructure, processes, programming and implementation plans to address the pillars of the abatement plan (Treatment, Harm Reduction, System Coordination, and Evidence-Based Prevention and Education) and to help ensure that the distribution of funding results in positive sustainable outcomes throughout the county. These four areas, or "pillars" will guide the collective action of the OAAC to turn settlement dollars into community impact. The ADM Board is one of the stakeholders participating in this initiative.

- **Quick Response Teams-** Quick Response Teams (QRT) were initiated in Summit County in January 2017. These teams consist of local law enforcement, EMS, and addiction professionals responding to locations where overdoses have been documented to engage and support the individual and their respective families, providing information with the goal of getting them into treatment services. Ten communities continue to deploy QRTs including: Cuyahoga Falls, Green, Hudson, Barberton, Norton, Tallmadge, Monroe Falls, Akron, Stow, and Coventry. These communities represent over 80% of the communities most heavily impacted by overdoses. The ADM Board financially supports the addiction professional's involvement with the teams and collects data for reporting. Since the inception of QRT in 2017, 60.3% of individuals received treatment after being outreached by QRT.

IV. Shared Funding Collaborations

The ADM Board shares funding with the following partners with the objective to ensure that costs are shared when multiple systems are involved:

- **Summit County Board of DD-** Shared funding pool to service individuals placed in an OhioMHAS sponsored DD/MH Specialized Housing program. We also pool funds to provide emergency respite care services for dual-involved individuals.

- **Summit County Probate Court Volunteer Guardianship program-** The ADM Board shares funding this program in partnership with the Probate Court, Board of DD, DJFS and Summit County Public Health to recruit train and pay stipends to volunteer guardians.

- **Adult Protective Services Circle of Care**- The APS Circle of Care is an interdisciplinary team from social service agencies that work together to resolve challenging problems involving multi-system involved seniors. The goal is to establish a plan to safely maintain independence to the extent it is possible.
- **Youth Risk Behavior Survey-** Summit County ADM Board, in collaboration with Summit County Public Health and Case Western Reserve University and the Summit County Public Schools have surveyed students in both middle and high school to measure risk behaviors. We saw favorable changes in the second survey in drug and alcohol use, use of behavioral health services, and unfavorable changes in suicide and depression. These results allow us to target prevention services to address risk and protective factors.

- **Summit 2020 Quality of Life-** The County Executive and our County Council have established a Social Services Advisory Board, funded by three levy agencies (ADM, DD, CPS). The goal of the Summit 2020 is to move the needle on health indicators linked to the social determinants of health. They also monitor the health of the levy services.

- **Forensic Advantage-** The ADM Board shares funding of a data collection system for our Medical Examiner's office. In exchange, we receive data and reports to allow us to see toxicology of overdose victims and learn about suicides.

V. Criminal Justice & Specialized Docket Collaborations

The ADM Board works with the following partners to reduce involvement in the criminal justice system by using collaborations and evidence-based, best practices **which** have the potential to divert to treatment when appropriate and yield better outcomes.

- **New Day Court-** The ADM Board collaborated with the Summit County Probate Court, NAMI and local provider agencies to develop the New Day Court, serving individuals civilly committed to Assisted Outpatient Treatment. It is the first docket of its kind in the state of Ohio. New Day Court is designed to help smooth the transition to outpatient services for those hospitalized under civil commitment to encourage active participation in treatment and prevent re-hospitalization. In 2019, 223 people were served through New Day Court.

- **Crisis Intervention Team Training-** North East Ohio Medical University and NAMI for the continued support of Crisis Intervention Team Training and Coordination. Celebrating 20 years of classes, the program is now considering expanding to more classes each year.

- **Juvenile Court Collaborative-** The ADM Board funds on-site MH & Addiction Services and has a continued participation in Robert Woods Johnson Foundation-funded Collaborative to improve coordination across youth systems.

- **Summit County Jail**- The ADM Board funds MH and SUD treatment, medications, and participates in a Jail Overcrowding Committee. Programs at the jail include peer support, Vivitrol and Risperdal induction, medication vouchers for bridge medications and participation in both jail overcrowding and the Criminal Justice Advisory Board (CJAB) to provide oversight of community correctional programs and other criminal justice programs and initiatives.

- **Specialized Docket Advisory Committees-** The ADM Board is an active participant in advising specialized docket programs in the Barberton, Akron & Stow municipal MH Courts, in the Akron, Barberton municipal Drug Courts, the Common Pleas Court Drug Court, the Common Pleas Mental Health Court, and the Family Reunification Court through Summit County Juvenile Court.

- **Summit County Re-entry Coalition-** The ADM Board is an active participant of the Summit County Re-Entry Coalition. We have engaged the lead agency and fund them through the CTP and SOR programs to engage those transitioning out of prisons into appropriate treatment and supports.

- **Criminal Justice & Mental Health Forum-** The ADM Board leads the Criminal Justice & Mental Health Forum quarterly meetings and has linked these activities with the Stepping Up Initiative.

Inpatient Hospital Management and Transition Planning

7. **Describe what partnerships <u>will be needed</u> between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.**
    a. **How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)**

The ADM Board will need to have regularly scheduled contact with state hospital staff to discuss discharge planning for civil clients. Barriers will need to be addressed so discharges are not delayed. The board will need to continue to encourage capacity building for the state hospitals and community agencies around comprehensive treatment and support services for individuals with co-occurring disorders. The ADM Board and its designated adult mental health crisis services provider will continue outreach to private psychiatric hospitals outside of the county to better facilitate admissions and coordinate discharge planning.

The ADM Board has regularly scheduled meetings to discuss barriers within the crisis system. Any difficulties with hospitalizations need to be discussed in these meetings. As new stakeholders and individuals are involved in identifying and resolving disposition problems, they are invited to participate. Our community-wide crisis meeting includes first responders, law enforcement at times and treatment agencies to fully understand the functioning of the system and address any areas that need improvement in close to real time.

For residents hospitalized at a state psychiatric facility who have a "forensic" status, an ADM Board representative keeps regular contact with hospital staff depending on the exact nature of the forensic status. Although Summit County forensic patients are typically placed at Northcoast Northfield, other state hospitals or institutions have been used for forensic purposes including Heartland Behavioral, Twin Valley Behavioral Health, Northwest Ohio Psychiatric Hospital and Warrensville Developmental Center.

Patient needs are identified through clinical consultation, weekly team meetings with community providers, staffing and discharge meetings at the state hospitals. ADM Board staff work closely with the Courts, defense attorneys, prosecutors, residential providers, crisis housing providers, group home staff and hospital staff. ADM Board staff and the collaborating professionals work closely to expedite hospital placements whenever possible to free up bed space.

    b. **Who will be responsible for this?**

ADM Board staff (Chief Clinical Officer, Forensic Monitor and Care Access & Client Rights Coordinator) and designated provider agencies. They are also involved in identifying other partners that may be necessary to invite to address specific and unique situations that challenge the system.

Discuss any planned changes in current utilization that is expected or foreseen.

A local private hospital will be temporarily decreasing psychiatric inpatient beds due renovations to update their rooms to meet regulations. This could lead to an increased need for state hospital beds.

Continuum of Care Service Inventory

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

   Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

   Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

Priorities for (County of Summit ADM Board)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	To decrease the number of IV drug users, overdoses and occurrence of related communicable disease.	Support local public health initiatives through funding and promotion: Local needle exchange, Naloxone and fentanyl test strip distribution clinic, expanded distribution of Naloxone Kits through first responders Monitor and ensure priority access to detox and residential services, expanded access to MAT, outpatient services and recovery supports through the Addiction Help Line (AHL), bi-weekly residential access meetings and utilization data monitoring.	**Measurement indicator:** The average wait time for someone to receive detox treatment. **Baseline data:** The 3-year average for the wait time to receive detox treatment. **Target:** To keep the average wait time below 1 day. **Measurement indicator:** The average wait time for someone to receive residential treatment. **Baseline data:** The 3-year average for the wait time to receive residential treatment. **Target:** To keep the average wait time below 18.5 days. **Measurement indicator:** The average wait time for an Addiction Helpline caller to receive an appointment. **Baseline data:** The 3-year average wait time for an Addiction Helpline caller to receive an appointment is 6.4 days. **Target:** To reduce time between call and appts. the wait time should not exceed 1 week (7 days)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Improve pre and postnatal outcomes for women who are pregnant and have a substance use disorder. To evaluate and strengthen the referral and treatment of women who are pregnant and have a substance use disorder	Maternal Depression Network Pre/Postnatal Coaching Bi-weekly Access List meetings	**Measurement indicator:** # of referrals for pregnant women to SUD residential treatment services. **Baseline data:** Average # of referrals and time to SUD placement. **Target:** Prioritize placement of this population and maintain stable or improve access times for bed availability.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Improved utilization and coordination of systems and services for multi-system youth, with a focus on early intervention to reduce out of home placement rates.	Wraparound Service Coordination Case Consultation with Service Review Collaborative (SRC), a cross system, multi-agency service review committee Flexible, pooled funding for community- based services and supports funded by shared pool Participation in Juvenile Court's Family Reunification Recovery Court advisory committee.	**Measurement indicator:** # number of referrals to SRC, Family Engagement, FRRC and number of out of home placements. **Baseline data:** 2-year family engagement average=42; 2 year out of home placements average= 10 **Target:** To increase family engagement and decrease out of home placements.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	To decrease the incidence of communicable disease related to behavioral health issues.	Provide education to the community about communicable disease and prevention and treatment options. Provide targeted education to the community and treatment providers on the Hepatitis A outbreak, at risk populations and immunization options. Utilize the Syringe Exchange program as an opportunity to screen for communicable diseases.	**Measurement indicator:** The number of reportable diseases by year. **Baseline data:** The 3-year average of reportable diseases. **Target:** To have less than 6,804 reportable diseases.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Improved utilization and coordination of systems and services for multi-system youth, with a focus on early intervention to reduce out of home placement rates.	Wraparound Service Coordination Case Consultation with Service Review Collaborative (SRC), a cross system, multi-agency service review committee Flexible, pooled funding for community- based services and supports funded by shared pool	**Measurement indicator:** # number of referrals to SRC, Family Engagement and out of home placements. **Baseline data:** 2-year family engagement average=42; 2-year out of home placements average= 10 **Target:** To increase family engagement and decrease out of home placements.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provision of services and supports that will allow those with SMI to live as independently as possible.	Continued Board investments in the following interventions: • Assertive Community Treatment • Forensic Assertive community Treatment • SAMI PACT • Supported Employment • Residential Programming & Supported Housing • 24/7 Psychiatric Emergency Services • Specialized Docket Courts for Case Management and Support.	**Measurement indicator:** The number of state hospital bed days. **Baseline data:** 3-year average of the number of state hospital bed days. **Target:** Less than 6,068 state hospital bed days in 2020.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	To decrease total number of homeless in Summit County To reduce length of time to receive benefits To ensure that the most vulnerable people experiencing homelessness and chronic homelessness receive access to housing, treatment, and recovery support services.	• Homeless Outreach • Recovery Housing • Motivational Interviewing • Permanent Supportive Housing • HMIS • SOAR • Continuum of Care (CoC) • Projects for Assistance in Transition for Homelessness (PATH)	**Measurement indicator:** The number of homeless in Summit County. **Baseline data:** The 3-year average of the point in time count of sheltered and unsheltered in Summit County. **Target:** There will be less than 547 sheltered and unsheltered homeless persons in Summit County in 2020.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		• Critical Time Intervention		
MH-Treatment: Older Adults	To restore lost system capacity for older adults. To improve coordination of programs and services for older adults To improve the accessibility of appropriate services for older adults	I-team meetings Tough Stuff (Community problem solving collaborative) Hoarding Task Force Adult Protective Services Circle of Care Interagency-Interdisciplinary Team	**Measurement indicator:** Increase programming targeting older adults. **Baseline data:** There is currently one agency targeting this population and prevention services have been discontinued. For calendar years 2018 and 2019 those 65+ represented 4% and 6% of our overall population served respectively. **Target:** Identify additional services and/or providers focusing on this population and increase those age 65+ being served.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	To maintain access to mental health and substance use disorder services in the criminal justice system. To ensure appropriate linkage to needed community-based treatment and recovery support resources.	Continue funding for BH services in the County Jail and Juvenile Detention. Continue the support of adult and juvenile specialty docket courts through agency funding for case management and supportive services Continued support of New Day Court through Summit County Probate (AOT) Continue quarterly Mental Health/Criminal Justice Forum Meeting	**Measurement indicator:** To increase the number of clients engaged with Addiction Treatment Program (ATP) funding initiative **Baseline data:** 3-year average of the number of ATP clients. **Target:** To serve more than 131 ATP clients. **Measurement indicator:** The number of discharged individuals that follow up with outpatient services.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

		to collaborate and address barriers within systems Representation on Jail Operations Advisory Commission and Jail Capacity Subcommittee Continue collaboration with specialty drug courts, providers and ATP funding	**Baseline data:** One-year look-back of those discharged who have followed through with OP services. **Target:** To collect baseline data and monitor improvement in follow-up over time.	
Integration of behavioral health and primary care services				X_ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	To ensure access to recovery supports that enhance treatment services and support sustained recovery.	Continued Board investment in: • Recovery Housing • Permanent Supportive Housing • Peer Recovery Support Staff & training • Quick Response Teams • Crisis outreach support Continued Board involvement in advocacy for access to and utilization of mainstream vouchers and Shelter Plus Care vouchers	**Measurement indicator:** The percentage of QRT clients connected to treatment. **Baseline data:** The 3-year cumulative percentage of QRT clients connected to treatment. **Target:** To maintain a cumulative percentage of 60% or more of QRT clients connected to treatment. **Measurement indicator:** The number of available housing choice vouchers for people with disabilities utilized. **Baseline data:** Current number of unused housing vouchers. 0 currently **Target:** To fully utilize vouchers.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Ensure all residents in need have equitable access to effective behavioral health care services.	Monitor and evaluate utilization trends and patterns and implement strategies accordingly. Evaluation & training to enhance intercultural competency	**Measurement indicator:** Minority service utilization. **Baseline data:** Minority service utilization has been decreasing over the past 5 years even though there is no evidence need has decreased. **Target:** Increase in minority service	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		• Akron Latino Networking Committee • Change Direction Faith Outreach Subcommittee • Summit County Coalition on Health Initiatives Policy Subcommittee • Transgendered Youth Allied Task Force • Refugee Health Task Force • Diversity on the Board Presentation Track data from new language interpretation platform to better address community interpretation/translation needs, written and spoken.	utilization **Measurement indicator:** # of trainings focused on aspects of cultural and linguistic competency. **Baseline data:** 1 training hosted in 2019. **Target:** Host 3 trainings focused on cultural and linguist competency. **Measurement Indicator:** # of languages and frequency of utilization **Baseline:** No historical data due to new service. **Target:** To collect baseline data for future monitoring.	
Prevention and/or decrease of opiate overdoses and/or deaths	To prevent overdose and/or overdose deaths in Summit County	Targeted Prevention Grants & Annual prevention funding DAWN Clinic/Mobile DAWN Clinics Increase Narcan Availability & distribution Opiate and Addiction Task Force Addiction Leadership Council	**Measurement indicator:** The number of overdose deaths. **Baseline data:** 3-year average of the number overdose deaths. **Target:** Less than 207 overdose deaths. **Measurement indicator:** The number of emergency department overdose visits. **Baseline data:** The3-year average of the number of emergency department overdose visits. **Target:** Less than 1,176 emergency department overdose visits.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	To increase Board expertise in the area of TIC to guide our system. To increase agencies' knowledge about TIC and its use in ongoing patient care.	Board staff member consultation as a Certified Trauma Specialist Summit County Trauma Informed Care Coalition launched April, 2017	**Measurement indicator:** The number of training participants in the Summit County Trauma Informed Care Speaker's Bureau **Baseline data:** The 2-year average of the	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

	To continue collaboration on the Summit County Trauma Informed Care Coalition	Speakers Bureau developed Website Developed Annual Symposium initiated	number of participants trained. **Target:** More than 191 participants will be trained.	

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	To ensure prevention services are available across the lifespan.	Continued Board funding of provider agency focusing on strategies to address medication misuse and identify stressors and support. PAX Good Behavior Game dissemination Continue funding school based and community-based prevention services for youth.	**Measurement indicator:** The number of Deterra pouches distributed annually. **Baseline data:** The 3-year average of Deterra pouches distributed. **Target:** More than 35,667 Deterra pouches to be distributed in Summit County annually.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	To increase access to evidence-based prevention.	Continue support of PAX GBG expansion implementation across the county. Continue to take advantage of funding opportunities made available to expand existing services. Sponsor and support participation in local and state and national prevention training to build capacity.	**Measurement indicator:** The number of teachers trained in PAX Good Behavior Game annually. **Baseline data:** The 3-year average of the number of teachers trained in PAX Good Behavior Game. **Target:** More than 70 teachers will be trained in the PAX Good Behavior Game. **Measurement indicator:** The number of school district participating in the K-12 funding initiative **Baseline data:** No baseline data	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		Collaborate with districts for the state's K-12 Prevention funding Initiative Utilized YRBS data to inform funding and targeted evidence-based activities.	available, new funding initiative for FY21 **Target:** 17 districts with full participation	
Recovery Ohio and Prevention: Suicide prevention	Prioritize suicide prevention resource allocations and program actions toward target groups. To reorganize the Summit County Suicide Prevention Coalition to address areas of increased risk, including Youth Suicide prevention	Concentrate prevention efforts on groups that current data has identified as being high risk for suicide. In partnership with Akron Children's Hospital, engage and implement strategic planning for youth suicide prevention. Expand Zero Suicide Initiative	**Measurement indicator:** The number of suicide deaths. **Baseline data:** 3-year average of the number of suicide deaths. **Target:** Less than 84 suicide deaths.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	To provide community wide education and awareness of the risks, signs, and symptoms of problem gambling behavior.	Continue to direct problem gambling funds in support of environmental strategies. Continue to collaborate with treatment providers to screen for problem gambling.	**Measurement indicator:** The number of individuals screened by treatment providers for problem gambling. **Baseline data:** 3-year average of the number of individuals screened for problem gambling. **Target:** More than 2,030 individuals will be screened.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment: N/A

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:

- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board's service district.
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board's service area.

To complete your waiver request for review, please include below, a brief overview of your board's "reasonable efforts" to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. Waiver Request for Inpatient Hospital Rehabilitation Services: N/A

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a board may request a waiver from this policy for the use of state funds.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this wavier is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	Identifier Number	ALLOCATION

C. Request for Generic Services N/A

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the department. Each ADAMHS/ADAS board requesting this waiver must complete this form and provide a brief explanation of the services to be provided.

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2021-2022

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

County of Summit Alcohol, Drug Addiction & Mental Health Services Board

ADAMHS Board Name (Please print or type)

ADAMHS Board Executive Director — Date: 8/21/2020

ADAMHS Board Chair — Date: 8/21/2020

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Instructions for "SFY 2021 -2022 Community Plan Essential Services Inventory"

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory**. Each Board's completed SFY 2019-2020 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by "Y" or "N" whether the Board has a contract with this agency to provide the services.

Additional Sources of CoC Information

1. **SAMHSA Treatment Locator https://www.findtreatment.gov/**